

Case Number:	CM14-0039755		
Date Assigned:	06/27/2014	Date of Injury:	09/20/2013
Decision Date:	09/12/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53-year-old male who has submitted a claim for lumbago, lumbar spine disc disorder, and lumbar strain associated with an industrial injury date of 09/20/2013. Medical records from 10/02/2013 to 06/27/2014 were reviewed and showed that patient complained of low back pain graded 6/10 which radiated down bilateral legs to calf with associated tingling down the right foot. The pain was aggravated by prolonged standing. Physical examination revealed spasm and tenderness over the lumbar paraspinal muscles, lumbar spinous processes, and sacroiliac joint. Lumbar ROM was decreased and with pain. SLR test was positive bilaterally at 90 degrees. Treatment to date has included at least 6 visits of physical therapy (10/16/2013 to 10/28/2013), home exercise program, and pain medications. Utilization review dated 03/11/2014 denied the request for additional PT 3x4 to the lumbar spine because the documents provided did not support the medical necessity of continued physical therapy. Utilization review dated 03/11/2014 denied the request for low back brace because there was very low-quality evidence to support back brace use.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional PT 3x4 to the lumbar spine (12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. ODG recommends 10 visits of physical therapy over 8 weeks for patients with lumbar spine sprain/strain. In this case, the patient has completed 6 visits of physical therapy. The request for additional therapy was made to increase strength and improve mobility. However, the request for 12 physical therapy visits exceeds the guidelines recommendations of 10 visits for cases of lumbar strain. It is unclear as to why variance from the guidelines is needed. Therefore, the request for Additional PT 3x4 to the lumbar spine (12) is not medically necessary.

Back Brace for the lumbar spine QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar Supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports.

Decision rationale: CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that lumbar support is not recommended for prevention of back pain. A systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. In this case, there was no discussion as to why a back brace request was made. The guidelines do not recommend back brace for the prevention of pain. It is unclear as to why variance from the guidelines is needed. Therefore, the request for a back brace for the lumbar spine is not medically necessary.